

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3454ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2009
NAME OF PROVIDER OR SUPPLIER SINGLE DAY SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6950 W DESERT INN ROAD SUITE 100 LAS VEGAS, NV 89117		
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A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a state licensure survey conducted at your facility from 3/26/09 - 4/1/09.</p> <p>The state licensure survey was conducted in accordance with Chapter 449, Surgery Centers for Ambulatory Patients.</p> <p>27 clinical records were reviewed</p> <p>The findings and conclusions of any investigation by the Health division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00020992 - unsubstantiated</p> <p>The following regulatory deficiencies were identified.</p>	A 00		
A 09 SS=E	<p>NAC 449.980 Administration</p> <p>The governing body shall ensure that:</p> <p>6. There is documentation in the files of the center of the qualifications of all persons under contract with the center.</p> <p>This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to ensure the qualifications of the radiologist, pharmacist and pathologist under contract with the center were updated.</p> <p>Findings include:</p> <p>1. The Radiologist's Nevada Board of Examiners license, who was designated in the radiology services contract with the center expired 6/30/07.</p>	A 09		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 09	Continued From page 1 2. The Pharmacist's Nevada Board of Pharmacy license who was under the contract to provide compounding services with the center expired on 2/26/06. 3. The Pathologist's Nevada Board of Examiners license who provided contracted pathology services through the laboratory expired 10/30/02. Severity: 2 Scope: 2	A 09			
A 15 SS=E	NAC 449.9801 Procedures for Granting Privileges 1. The governing body shall: (b) Ensure that an application to be accorded privileges or for the renewal of those privileges is processed in an expeditious manner. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to ensure the application for renewal of privileges was processed in an expeditious manner for 1 of 2 surgeons who perform procedures. (Physician #1) Finding include: POLICIES AND PROCEDURES 4.4 Reappointment 4.4-1 Request for Reappointment, Schedule for Review Each staff member shall submit a written request for reappointment to the Medical Staff every two years. The reappointment request shall require the applicant to disclose any significant changes in the applicant's qualifications since his last review. The applicant may also request changes in his clinical privileges, including any reduction,	A 15			

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A 15	Continued From page 2 deletion, or addition privileges..... There was no recent written request of reappointment for Physician #1. The credentialing file indicated the last documented and approved reappointment for Physician #1 was on 10/18/02. On 3/27/09 in the afternoon, the medical assistant confirmed these findings. Severity: 2 Scope: 2	A 15			
A 32 SS=E	NAC 449.9801 Procedures for Granting Privileges 4. A member of the medical staff who is applying for the renewal of his privileges must provide evidence that he is in compliance with the provisions of subsection 3 on the date of the application. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to ensure the application for renewal of privileges provided evidence the physician was in compliance with the provisions of subsection 3 on the date of the application. for 1 of 2 surgeons who perform procedures. (Physician #1) Finding include: POLICIES AND PROCEDURES 4.4 Reappointment 4.4-1 Request for Reappointment, Schedule for Review Each staff member shall submit a written request for reappointment to the Medical Staff every two years. The reappointment request shall require the applicant to disclose any significant changes in the applicant's qualifications since his last	A 32			

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A 32	Continued From page 3 review. The applicant may also request changes in his clinical privileges, including any reduction, deletion, or addition privileges..... There was no recent written request of reappointment for Physician #1. The credentialing file indicated the last documented and approved reappointment for Physician #1 was on 10/18/02. On 3/27/09 in the afternoon, the medical assistant confirmed these findings. Severity: 2 Scope: 2	A 32		
A 41 SS=D	NAC 449.9805 Establishment of Policy for Authentication The governing body shall establish a policy for authentication that: 1. Authorizes the use of rubber stamps and prohibits the use of any stamp by any person other than the person whose signature the stamp represents. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to ensure the governing body established a policy of the authentication for the use of a rubber stamp. Findings include: There was no documented evidence to verify the governing body established a policy for authentication that authorized the use of rubber stamps and prohibits the use of any stamp by any person other than the person whose signature the stamp represents. On 3/27/09 in the afternoon, the Physician/ Administrator was unable to provide evidence a	A 41		

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A 41	Continued From page 4 policy for the authentication that authorized the use of rubber stamps and prohibits the use of any stamp by any person other than the person whose signature the stamp represents was established. Severity: 2 Scope: 1	A 41			
A 50 SS=C	NAC 449.981 Appointment/Responsibilities of Administrator 4. The administrator is responsible for: (d) Appointing a person responsible for the center in his absence. The person so appointed must possess the same qualifications as are required of the administrator. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to ensure the administrator appointed a person responsible for the center in his absence. Findings include: There was no documented evidence to ensure the administrator appointed a person responsible for the center in his absence. On 3/27/09 in the afternoon, the administrator had not previously appointed a person responsible for the center in his absence. Severity: 1 Scope: 3	A 50			
A117 SS=E	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without	A117			

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A117	<p>Continued From page 5</p> <p>limitation: (c) An annual evaluation of the employee that is signed by the employee and his supervisor.</p> <p>This Regulation is not met as evidenced by: Based on interview and personnel record review the facility failed to ensure that annual evaluations for 6 of 13 employees were completed, signed by the employees and supervisor and maintained in the personnel records. (Employee #5, #6, #7, #8, #9, #10)</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. Employee #5's hire date was 06/01/07. There was no signed annual evaluation located in the employees personnel file. 2. Employee #6's hire date was 07/12/06. There was no signed annual evaluation located in the employees personnel file. 3. Employee #7's hire date was 07/29/05. There was no signed annual evaluation located in the employees personnel file. 4. Employee #8's hire date was 07/12/06. There was no signed annual evaluation located in the employees personnel file. 5. Employee #9's hire date was 08/05/05. There was no signed annual evaluation located in the employees personnel file. 6. Employee #10's hire date was 01/29/03. The last signed annual evaluation located in the employees personnel file was dated 05/07. <p>On 03/27/09 at 2:00 PM, Employee #3 acknowledged she had not completed annual</p>	A117			

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A117	Continued From page 6 evaluations on several employees. Employee #3 indicated she had been busy assisting in pain procedure cases and had limited time available for administrative duties. Severity: 2 Scope: 2	A117			
A118 SS=F	NAC 449.9855 Personnel 3. A current and accurate personnel record for each employee of the center must be maintained at the center. The record must include, without limitation: (d) Such health records as are required by chapter 441A of NAC. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.	A118			

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A118	<p>Continued From page 7</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p>	A118			

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A118	<p>Continued From page 8</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review the facility failed to ensure 4 of 13 employees had evidence of Tuberculosis screenings required by chapter 441A of NAC. (Employee #6, #7, #9, #12)</p> <p>Findings include:</p> <p>1. Employee #6's hire date was 07/12/06. The employees Health Certificate Form dated 10/27/06, indicated the employee had a previously positive tuberculin skin test. There was no documentation of a chest radiograph or tuberculosis signs and symptoms check list located in the medical record.</p> <p>2. Employee #7's hire date was 07/29/05. The employees Health Certificate Form dated 07/29/05, indicated the employee had a positive tuberculin skin test. There was no documentation of a chest radiograph or tuberculosis signs and symptoms checklist located in the medical</p>	A118		

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A118	Continued From page 9 record. There was no documentation of a medical evaluation for active tuberculosis. 3. Employee #9's hire date was 08/05/05. The employees Health Certificate Form dated 08/12/05, indicated the employee had a positive tuberculin skin test. There was no documentation of a chest radiograph or tuberculosis signs and symptoms checklist located in the medical record. There was no documentation of a medical evaluation for active tuberculosis. 4. Employee #12's hire date was 08/25/03. The employees Health Certificate Form dated 08/29/03, indicated the employee had a previously positive tuberculin skin test. There was no documentation of a chest radiograph or tuberculosis signs and symptoms checklist located in the medical record. Severity: 2 Scope: 3	A118		
A120 SS=E	NAC 449.9865 Medical Staff 2. The governing body, or a person or committee designated by the governing body, shall appoint the members of the medical staff and grant, deny and withdraw the privileges to be accorded members of the medical staff as it deems appropriate. Appointments to the medical staff must be made in writing and must be documented in the records of the center. This Regulation is not met as evidenced by: Based on document review, the facility failed to ensure the governing body appointed the members of the medical staff and grant privileges for 1 of 2 physicians. (Physician #1) Findings include:	A120		

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A120	Continued From page 10 There was no documented evidence the governing body appointed the Physician #1 and granted the privileges to be accorded members of the medical staff. There was no documented evidence to verify the appointments to the medical staff were in writing and documented in the records at the center. On 3/27/09 in the afternoon, the medical assistant confirmed these findings. Severity: 2 Scope: 2	A120		
A125 SS=F	NAC 449.988 Nursing Staff 2. A sufficient number of members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A sufficient number of registered nurses must be on duty at all times to ensure the immediate availability of a registered nurse for the care of any patient. A person who is not a registered nurse may be assigned to care for a patient to the extent consistent with his education, experience and authorized scope of practice. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure there was a sufficient number of nursing staff on duty at all times to ensure proper care was provided to each patient. Findings include: On 03/26/09 at 11:45 AM, Employee #2 was observed working in the pre-operative area taking vital signs, inserting heparin locks (intravenous access ports) and interviewing several pre-operative patients.	A125		

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A125	<p>Continued From page 11</p> <p>Three pre-operative patients with heparin locks were observed sitting in the pre-operative waiting room area waiting to be escorted by a nurse to their pain management procedures.</p> <p>Employee #2 announced she was going to lunch and left the pre-operative area vacant.</p> <p>There was no registered nurse immediately available to monitor or assist the three pre-operative patients still present in the pre-operative waiting room. The closest nurse available was in a procedure room or recovery room located through double doors down a hallway approximately 40 feet away from the pre-operative area and out of visual sight and hearing distance from the pre-operative area.</p> <p>Three patient charts were left unsecured in a rack on a counter top along with numerous intravenous needles and supplies.</p> <p>On 03/26/09 at 2:00 PM, Employee #3 acknowledged the facility had no policy or procedure for relieving the pre-operative nurse for lunch when patients were present in the pre-operative area. Employee #3 acknowledged there would be no nurse immediately available who could see or hear an emergency occurring in the pre-operative waiting room once Employee #2 left the area vacant.</p> <p>The facility's undated Staffing Pattern Policy documented under Procedure: "Adequate staff shall be available in all areas of the facility to provide for the needs of the patient."</p> <p>The facility's undated Nursing Director Job Description documented under Duties and Responsibilities:</p>	A125		

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A125	Continued From page 12 1."Assuming the responsibility for patient safety during the state of enforced dependency created pre-operatively, intra-operatively and post-operatively." 2."Assuming the responsibility for creating a safe therapeutic environment in which the patient's psychological, physiological and physical needs are identified, anticipated and met." 3. "Schedules appropriate staff to conduct in a safe and efficient manner the duties necessary for the daily functioning of the center." Severity: 2 Scope: 3	A125		
A128 SS=E	NAC 449.9885 Medical Records: Maintenance 2. Records must be maintained for each patient admitted for care in the center in accordance with accepted professional principles. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to ensure the records were maintained for each patient admitted for care in the center in accordance with accepted professional principles for 4 of 27 patients in the sample. (Patient #17, #23, #9, #4) Findings include: POLICY AND PROCEDURE POLICY: Blood/ Glucose Monitoring -Approved 4/30/05 Purpose: To note any significant changes in blood sugar level and to establish a base line for diabetic patients being treated at the surgery center.	A128		

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A128	<p>Continued From page 13</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. All insulin dependent patients to have blood sugar checked in pre-op. Patients who have just performed this at home and give you a reading to record are excused. 2. Patients who have had a steroid injection, are to be instructed to monitor their blood sugar carefully for the first 24 hours post injection and to report any significant elevations to their primary care doctor. 3. A physician may request a blood sugar level on any patient at any time during their time at the surgery center. <p>Patient #17</p> <p>On 12/17/07, the patient was admitted for the following procedures: 1. Lumbar Discogram L4-5, L5-S1 Segments and 2. Fluoroscopy. The history and physical examination conducted by the surgeon indicated the patient had diabetes. There was no documented evidence to verify the licensed nurse performed glucose monitoring as per the facility's policies and procedures prior to the procedure.</p> <p>Patient #23</p> <p>On 11/12/07 and 12/10/07, the patient was admitted for the following procedures: 1. Bilateral L4-5, L5-S1 Lumbar Facet Joint Steroid Injection; 2. Right L4-5 Lumbar Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram; 5. Fluoroscopy. The physician identified the patient was a diabetic. There was no documented evidence to verify the licensed nurse performed glucose monitoring as per the facility's policies and procedures.</p>	A128		

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NAME OF PROVIDER OR SUPPLIER SINGLE DAY SURGERY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6950 W DESERT INN ROAD SUITE 100 LAS VEGAS, NV 89117		
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A128	Continued From page 14 Patient #7 On 2/2/09, the patient was admitted for the following procedures: 1. Bilateral L4-5, L5-S1 Lumbar Facet Joint Steroid Injection; 2. L5-S1 Lumbar Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram; 4. Fluoroscopy. The patient was identified as a diabetic. There was no documented evidence to verify the licensed nurse performed glucose monitoring as per the facility's policies and procedures. Patient #9 On 1/30/09, the patient was admitted for the following procedures: 1. Left L3-4 and L4-5 Facet Joint Steroid Injection; 2. L4-5 Lumbar Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram; 4. Fluoroscopy. The patient was identified as a insulin dependent diabetic. There was no documented evidence to verify the licensed nurse performed glucose monitoring as per the facility's policies and procedures. The licensed nurse failed to monitor the blood sugar prior to the procedure. During the procedures performed at the center, all patients received steroid injections There was no documented evidence to verify the licensed nurse instructed the patient to monitor their blood sugar carefully for the first 24 hours post injection and report any significant elevations to their primary care physician as per the facility's policies and procedures. Severity: 2 Scope: 2	A128		
A157 SS=E	NAC 449.990 Medication and Treatment	A157		

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A157	<p>Continued From page 15</p> <p>3. At the time the medication is administered, the patient must be identified and the medication must be identified as being ordered for that patient and recorded in the medical record of the patient.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure at the time a medication was administered, the medication must be identified as being for that patient and recorded in the medical record in 5 of 27 patients in the sample. (Patient #5, #12, #15, #23, #26)</p> <p>Findings include:</p> <p>Patient #5</p> <p>On 12/11/08, the patient was admitted for the following procedures: 1. Left L3-4, L4-5 and L5-S1 Facet Joint Steroid Injection; 2. Left L5-S1 Lumbar Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram and 5. Fluoroscopy. The physician's orders, dated 12/11/08 stated: "1. Start Heparin Lock; 2. Versed 50mg. (milligrams) IV (intravenous); 3. Demerol 50mg IV; 4. Propofol 20mg. IV."</p> <p>On the Pre-Operative/ Intraoperative Record-Pain Management flow sheet, the licensed nurse documented: Versed 5 mg. IV and Propofol 50mg. IV were administered. The licensed nurse failed to verify with the physician the dosage of Versed and Propofol to be administered to the patient.</p> <p>Patient #12</p> <p>On 2/2/09, the patient was admitted for the following procedures: 1. Bilateral L1-2 and L5-S1 Facet Joint Steroid Injection; 2. L1-2 Lumbar</p>	A157		

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A157	<p>Continued From page 16</p> <p>Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram; 5. Fluoroscopy. The physician's orders, dated 2/2/09, indicated: Propofol 20 mg. IV.</p> <p>On the Pre-Operative/ Intraoperative Record-Pain Management flow sheet, the licensed nurse documented: Propofol 120mg. IV was administered. The licensed nurse failed to verify with the physician the dosage of Propofol to be administered to the patient.</p> <p>Patient #15</p> <p>On 12/22/08, the patient was admitted for the following procedures: 1. Bilateral L4-5 and L5-S1 Facet Joint Steroid Injection; 2. L5- S1 Lumbar Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram; 5. Fluoroscopy. The physician's orders, dated 12/22/09, did not include NaCL (Sodium Chloride) 2cc IVP (intravenous push), which was administered by the licensed nurse at 1355 (1:35PM). The licensed nurse failed to verify with the physician the amount of normal saline to be administered to the patient.</p> <p>Patient #23</p> <p>On 12/10/07, the patient was admitted for the following procedures 1. Bilateral L4-5, L5-S1 Lumbar Facet Joint Steroid Injection; 2. L5-S1 Lumbar Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram; 5. Fluoroscopy. The physician's orders, dated 12/10/08 indicated Fentanyl 3mcg (micrograms).</p> <p>On the Pre-Operative/ Intraoperative Record-Pain Management flow sheet, the licensed nurse documented Fentanyl 100mcg IV was administered. The licensed nurse failed to clarify</p>	A157			

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A157	Continued From page 17 with the physician the amount of Fentanyl to be administered to the patient. Patient #26 On 2/13/09, the patient was admitted for the following procedures: 1. Bilateral L4-5, L5-S1 Lumbar Facet Joint Steroid Injection; 2. L5-S1 Lumbar Epidural Steroid Injection; 3. Facet Arthrogram; 4. Epidurogram; 5. Fluoroscopy. The physicians's orders, dated 2/13/09 indicated: 1. Heparin Lock; 2. Versed 50mg. IV; 3. Demerol 50mg. IV; 4. NACL 2cc IV. On the Pre-Operative/ Intraoperative Record-Pain Management flow sheet, the licensed nurse documented Demerol 150mg. IV; Versed 5mg. IV were administered. The licensed nurse failed to verify with the physician the dosage of Demerol and Versed to be administered to the patient. Severity: 2 Scope: 2	A157			
A167 SS=E	NAC 449.9905 Pharmacist Required 5. Drugs may not be kept in stock after the expiration date on the label. Obsolete, contaminated or deteriorated drugs must be destroyed. This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to ensure expired medications were not kept in stock after the expiration date on the label. Findings include: On 03/26/09 at 10:00 AM, during a tour of the facility with Employee #1 the following expired medications were located at the following	A167			

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A167	<p>Continued From page 18</p> <p>locations.</p> <p>Inside a medication cart in the recovery medication room:</p> <ol style="list-style-type: none"> 1. Three Phenytoin Sodium 100 mg/ 2cc (milligram per cubic centimeter) ampules with an expiration date of 02/09. 2. One box containing Atropine Sulfate 1 mg/ml injection with an expiration date of 09/08. 3. One infant Sodium Bicarbonate .5 meq/cc (milliequivalent per cubic centimeter) injection with an expiration date of 11/08. <p>In the PACU (post anesthesia care unit) crash cart:</p> <ol style="list-style-type: none"> 1. Three Phenytoin Sodium 100 mg/2cc ampules with an expiration date of 02/01/09. 2. Two boxes of Atropine Sulfate 1 mg/cc injection with an expiration date of 02/01/09 3. One 500 cc Lactated Ringers intravenous solution with an expiration date of 01/09. <p>In the hallway crash cart outside procedure room number one:</p> <ol style="list-style-type: none"> 1. Two Phenytoin Sodium 100 mg/2cc ampules with an expiration date of 02/01/09 2. Two boxes containing infant Sodium Bicarbonate 0.5 meq/cc injection with an expiration date of 11/01/08. 3. Two boxes containing Atropine Sulfate 1mg/cc injection with an expiration date of 02/01/09 4. One Glucagon 1mg/cc vial with an expiration date of 12/08. <p>On 03/26/09 at 10:00 AM, Employee #1 indicated it was the facility's policy and her responsibility to check all stored drugs at the</p>	A167			

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A167	Continued From page 19 facility on a monthly basis for expired medications. Employee #1 acknowledged she failed to check the facility's stored medications for expiration dates for the month of February 2009. The facility's undated medication Control and Accountability Policy indicated, "The drug storage and preparation areas shall be devoid of outdated, discontinued, recalled or otherwise unusable drugs. The Nursing Director or her designee inspects all drug supplies on a monthly basis for outdates. These medications are removed, disposed of in an appropriate manner and replaced." The facility's undated Quality Assurance/Inspection of Drug Storage Area Policy indicated under Procedure: "A file of the monthly inspections of each drug storage area is maintained to verify that: Outdated and otherwise unusable drugs have been identified and their distribution and administration prevented." Severity: 2 Scope: 2	A167		
A170 SS=C	NAC 449.991 Laboratory Services 3. If the ambulatory surgical center contracts with a laboratory for its services, that laboratory must be certified in accordance with the Clinical Laboratory Improvement Amendments of 1988, Public Law No. 100-578. This Regulation is not met as evidenced by: Based on document review, the facility failed to ensure the contract with the laboratory for its services, provide the laboratory was certified in accordance with the Clinical Laboratory Improvement Amendments (CLIA) of 1988. Findings include:	A170		

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A170	Continued From page 20 The CLIA Laboratory Certificate of Accreditation from the contracted laboratory expired on February 27, 2003. Severity: 1 Scope: 3	A170		
A171 SS=C	NAC 449.992 Pathological Services 1. Pathology services must be provided by a staff pathologist or by a pathologist used as a consultant by the ambulatory surgical center. The pathologist must be licensed to practice in this state. This Regulation is not met as evidenced by: Based on document review, the facility failed to ensure pathology services provided by a pathologist used as a consultant by the center was licensed in the state. Findings include: The Pathologist's Nevada Board of Examiners license who provided pathology services through the contracted laboratory expired 10/30/02. Severity: 1 Scope: 3	A171		
A236 SS=F	NAC 499.9843.1 Construction Compliance NAC 449.9843 Compliance with standards of construction: 1. An ambulatory surgical center shall comply with the provisions of the NFPA 99: Standard for Health Care Facilities concerning medical gases, adopted by reference pursuant to section 1 of this regulation, and the provisions of NFPA 101: Life Safety Code, adopted by reference pursuant to	A236		

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A236	<p>Continued From page 21</p> <p>section 1 of this regulation.</p> <p>2. Any new construction, remodeling or change in the use of an ambulatory surgery center must comply with Guidelines for Design and Construction of Hospital and Health Care Facilities, adopted by reference pursuant to section 1 of this regulation, unless the remodeling is limited to refurbishing an area within the center, including, without limitation, painting the area, replacing flooring in the area, repairing windows in the area and replacing window or wall coverings in the area.</p> <p>This Regulation is not met as evidenced by: The facility was surveyed using the 2006 edition of the NFPA (National Fire Protection Association) 101, Life Safety Code, Chapter 21, Existing Ambulatory Health Care Occupancies.</p> <p>This Regulation is not met as evidenced by:</p> <p>1. NFPA LSC 101: Section 21 Evacuation and Relocation Plan and Fire Drills.</p> <p>Section 21.7.1.1: "Fire drills in ambulatory health care facilities shall include the transmission of a fire alarm signal and simulation of emergency fire conditions."</p> <p>Section 21.7.1.6: "Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions."</p>	A236			

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A236	<p>Continued From page 22</p> <p>Based on record review and interview, the facility failed to ensure that the fire drills were conducted as required.</p> <p>Findings include:</p> <p>Review of facility maintenance records on the afternoon of 4/1/09, revealed there was only one quarterly fire drills (4th quarter fire drill 11/20/08) conducted for the past 12 months. There was no 2nd and 3rd quarter fire drills for 2008 and no 1st quarter fire drill for 2009. (Note: The only documented fire drills were dated 5/23/07, 6/4/07, and 11/20/08.)</p> <p>Interview with the Administrator and the Maintenance Director, revealed that it is the facility's regular practice to announce the fire drill using the intercom system only and to not activate the fire alarm signal.</p> <p>2. NFPA LSC 101: Section 21 Smoking Requirements.</p> <p>Section 21.7.4: "Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In ambulatory health care facilities where smoking is prohibited and signs are placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p>	A236		

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A236	<p>Continued From page 23</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 21.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>Based on observation, the facility failed to posted no smoking signs where oxygen was stored or used.</p> <p>Findings include:</p> <p>On 4/1/09 in the afternoon, there were no signs prohibiting smoking in areas where oxygen and other combustible gases were used and stored. There were no signs posted in the interior of the facility where oxygen was in use and stored, and there were no signs posted at the exterior entrance to the medical gas storage room.</p> <p>On 4/1/09 in the afternoon, the two designated smoking areas did not include metal containers with self-closing cover devices.</p> <p>Severity: 2 Scope: 3</p>	A236		

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